

City of Bedford 165 Center Road Bedford, Ohio 44146 (440) 735-6505 or (440) 232-1600

NAME:			
ADDRESS:			
BEDFORD, OHIO 44146			
·			
Please indicate the DATE you moved INTO Bedford			
Own*R • Landlords name a	ent	Other	**************************************
 Landlords name a 	nd address		
Your Name:		SSN	
Your Name: Your Telephone Number: Home Have you ever lived in Bedford before?		Work	
Have you ever lived in Be	dford before?	If so at what a	address?
Place (s) of Employment:			
(a) a	Company	Address	
	Company	Address	
Spouse's Name:		SSN	
Spouse's Name:Place of Employment :			
Person (s) in your household Eighteen (18) years of age or older (Other than spouse):			
Name	SSN	Employer	
Name	SSN	Employer	
If Retired, please give da	te of Retirement		
Do you own RENTAL pro	perty? Yes		No
Address	City/State		
Name of Tenants:			
Please indicate if SELF-E	MPLOYED: Yes		No
Please list any type of OTHER EARNED INCOME in addition to your regular income			
(Excluding bank interest, dividends and pension)			
/Diago			-11

(Please use reverse side for additional information)
Thank-you for your cooperation,
City of Bedford Tax Department